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Bib Data Sheet

CONFIRMATION NO. 5311

SERIAL NUMBER 10/772,944	FILING OR 371(c) DATE 02/05/2004 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 151P08970US02
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APPLICANTS

John E. Kast, Hugo, MN;
 Oscar Jimenez, Coral Gables, FL;
 Charles E. Peters, Blaine, MN;
 James E. Riekels, New Hope, MN;
 Mark E. Schommer, Maple Grove, MN;

**** CONTINUING DATA *******

This application is a CON of 09/596,566 06/19/2000 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 09/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	10	22	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

54228

TITLE

IMPLANTABLE MEDICAL DEVICE WITH EXTERNAL HOUSING FOR A RECHARGING COIL

FILING FEE RECEIVED 806	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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